

Questions & Answers*

Q: How do I know if I qualify for membership?

A: You must be a full-time state employee, have 12 full months of continuous employment before November 1st, and accruing leave at the time of enrollment.

Q: When do I apply?

A: You must sign and date your enrollment form no earlier than August 1st and no later than October 31st. **The SLB cannot accept forms postmarked after October 31st.**

Q: How will I know if I am a member?

A: You will see the deduction of 4 sick days on your November 30th check stub. If you do not see this deduction, please call your agency's human resources office for assistance.

Q: When does my membership start?

A: SLB membership is effective November 1st.

Q: As a new member, when can I first apply for leave from the SLB?

A: The earliest a new member can apply is February 1st.

Q: Do I enroll every year?

A: No. Your membership continues each year as long as you meet the annual assessment requirements.

Q: Can I use SLB benefits for a family member?

A: No. The request must be for the member's personal medical condition or injury.

Q: Who do I call if I have questions?

A: Each agency has a SLB Coordinator to help with questions or forms.

* This brochure is a summary only. Please read the complete SLB Guidelines at http://www.state.tn.us/dohr/resources/sickleave/sickleave_index.htm

State of Tennessee Employee Sick Leave Bank

Don't let an accident or illness cause you even more pain by being financially unprepared!



Protect yourself and your family by enrolling in the SLB. By contributing 4 sick days at enrollment and meeting the annual assessment, you may be eligible to draw up to a maximum of 90 workdays, or approximately 4 1/2 months, for a personal illness, injury, disability, medical condition, or quarantine.

Need More Information?

If you have questions or to obtain a copy of the SLB Guidelines, contact:

Your agency's human resources office
or

State Employee Information Line:
Statewide Toll Free: 1-800-221-7345
Davidson County: 615-741-1107
or

Please read the complete SLB Guidelines at
http://www.state.tn.us/dohr/resources/sickleave/sickleave_index.htm



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SICK LEAVE BANK



*Join Today And...
Protect Your Tomorrows!*

Purpose

The Sick Leave Bank ("SLB") provides sick leave to qualifying members who are medically unable to perform the duties of their jobs as a result of a personal illness, injury, disability, medical condition, or quarantine and who have exhausted all of their sick, compensatory, and annual leave balances.

Information

When you first become a member of the Sick Leave Bank, you will give 4 days of sick leave that becomes part of a pool that a qualifying member may draw upon. When you consider the advantage of full salary and benefits up to 90 workdays, there is no comparison to what membership in the Sick Leave Bank can do to help sustain a member's household income during a qualifying event.

Enrollment Requirements*

- You must accrue sick leave according to T.C.A. Section 8-50-802.
- You must be a full-time state employee and have 12 full months of continuous employment before November 1st.
- You must be accruing leave at the time of enrollment.
- You must have a **sick leave balance** of at least 6 days by October 31st.

THE DEADLINE FOR ENROLLMENT IS OCTOBER 31st.

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State Employee Sick Leave Bank Enrollment Form

(Please print or type)

Social Security # _____

Last Name: _____

First Name: _____

Middle Name: _____

Department: _____

Budget Code: _____

I do hereby apply for membership in the Tennessee State Employee Sick Leave Bank ("SLB"). I acknowledge that I have read the SLB Guidelines* and agree to abide by all stipulations as set forth therein. By signing below, I further acknowledge the following:

1. I have read and am aware of the SLB Guidelines and do hereby contribute 4 of my sick leave days.
2. I have read and understand the SLB Guidelines and hereby relieve the State of Tennessee and/or the Tennessee State Employees Association from any liability as a result of any action by the SLB Board of Trustees.
3. I understand there is an annual assessment of at least one sick leave day every October 1st following enrollment.
4. I understand this initial contribution and any following assessments are nonrefundable and nontransferable.
5. I understand that cancellation of this agreement must be in writing to the SLB Board of Trustees and is not effective until the following June 30th.

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http://www.state.tn.us/dohr/resources/sickleave/sickleave_index.htm

Signature: _____

Date: _____

Submit Entire Brochure for Enrollment

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Application for Benefits*

A new member of the SLB may apply for benefits no earlier than February 1st following enrollment.

Employees with pre-existing medical conditions are not eligible to apply for benefits for that condition until 12 months following the effective date of membership.

A qualifying member may receive a maximum of 90 workdays, or approximately 4 ½ months, from the SLB as a result of a personal illness, injury, disability, medical condition, or quarantine or a condition related to, resulting from, or recurring from a previously diagnosed condition the SLB granted benefits.

If approved, members may receive grants up to 20 workdays per application.

SLB grants cannot exceed 90 workdays in a 12 month period.

Enrollment*

Open enrollment is August 1st through October 31st each year.

New members must contribute 4 sick leave days for enrollment.

Members must contribute 1 sick leave day annually every October 1st after the first year of enrollment. The SLB Board of Trustees may waive this contribution in any year.

THE DEADLINE FOR ENROLLMENT IS OCTOBER 31st.

Mail original enrollment form (postmarked no later than October 31st) to:	Department of Human Resources Sick Leave Bank 1st Floor, James K. Polk Building 505 Deaderick Street Nashville, Tennessee 37243
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